

Beloit Parks & Recreation Program Registration

Liability Waiver Release: The undersigned in consideration of and as part payment for the right to participate in the activity (s) of the Beloit Parks & Recreation Department described below, hereby, acknowledge the existence of and assumes all risks connected with the activity (s) described below. The undersigned further release the City of Beloit and all person and entities participating in connection with or on behalf of the City of Beloit in activity (s) above from liability for any injury, harm or complication resulting from said participation.

The Beloit Parks & Recreation Department reserves the right to dismiss or expel any person from our programs or facilities for behavior that is detrimental to the programs and facilities. This includes, but is not limited to conduct that constitutes safety hazards, physical abuse, mental abuse and failure to comply with City rules and regulations.

PLEASE NOTE: ALL SECTIONS NEEDS TO BE COMPLETED AND LEGIBLE

Parent's Last Name: _____ Parent's First Name: _____
 Street Address: _____ City, State, Zip: _____
 Phone #: _____ Text # : _____ Email: _____

Participant's First and Last Name	Grade	Sex	Activity	T-Shirt Size	Fee

Youth T-Shirt Sizes: Small 6-8; Medium 10-12; large 12-14; Ex. Large 18-20)

I am willing to coach and/or supervise this activity: No Yes

Volunteer coaches are needed to make the Youth Sports program a success. Please volunteer to support the youth in your community!
 No refunds after deadline date.

Parent Permission and Waiver of Liability for Participation in Beloit Parks and Recreation Activities

By signing below, I give permission for my child(dren), _____, to participate in Youth Basketball sponsored by *Beloit Parks and Recreation* ..

_____ (Initials) I acknowledge that federal and state government officials have declared that there currently exists a public health crisis in our country related to the Coronavirus Disease 2019 ("COVID-19")

_____ (Initials) I confirm that I will not permit my child to participate in the program or activity if, at any time during the program or activity, my child is showing any symptoms of COVID-19 (including but not limited to fever, dry cough, fatigue, shortness of breath, chills, muscle pains). Additionally, I confirm that I will not permit my child to participate in the program or activity if, at any time during the program or activity, my child has been in contact with any individual diagnosed with COVID-19 or any individual currently waiting for test results confirming the possibility of a COVID-19 diagnosis. I agree that in such situations my child will be unable to participate in the program or activity until released for participation by my child's doctor or in accordance with KDHE or Mitchell County Health Department orders.

_____ (Initials) I understand that the City of Beloit cannot prevent the possible transmission or contraction of COVID-19 for my child.

_____ (Initial) I understand that in order to be a spectator, I need to follow COVID expectations of wearing a mask properly maintaining 6' distance between family groups and limit the number of spectator to 4 per participant

The undersigned agrees to release, discharge, hold harmless and indemnify the City of Beloit, it's agents, employees, officers, governing body, insurers and others acting on the City's behalf (the Releasees"), of and from any and all claims, demands, causes of action and/or legal liabilities for injuries to or death of my child occurring during, or resulting from, or participation in the above-mentioned program or activity and related in any way to COVID-19.

Signature: _____ Date: _____

(Parent or Legal Guardian)

